

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90028 021 \*\*\*\*61.25

**DOCUMENT # 735788**

1. Entity Name

**SUN CITY SUBDIVISION PROPERTY OWNERS' ASSOCIATIO**

Principal Place of Business

**3604 PARAMOUNT  
RUSKIN FL 33570**

Mailing Address

~~3610 PETROVA CIRCLE  
RUSKIN FL 33570-5927~~  
**3604 PARAMOUNT  
RUSKIN, FL 33570**

2. Principal Place of Business

3. Mailing Address  
**3604 PARAMONT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**RUSKIN, FL**

4. FEI Number

**59-3239561**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33570-5927**

**HILLS**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SCHAUB, DONNA  
3610 PETROVA CIRCLE  
RUSKIN FL 33570**

7. Name and Address of New Registered Agent

Name  
**KENNETH SWANEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**3604 PARAMONT**  
City **RUSKIN** **FL** Zip Code **33570**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **KENNETH SWANEY, Director**

Signature, typed or printed name of registered agent and title if applicable.

*Kenneth A. Swaney*

(NOTE: Registered Agent signature required when reinstating)

**02/11/2000**

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERRINO, JOSEPH</b>	
STREET ADDRESS	<b>3602 PARAMOUNT</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHAUB, DONNA</b>	
STREET ADDRESS	<b>3610 PETROVA CIRCLE</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GROCE, TAMMY</b>	
STREET ADDRESS	<b>3612 PETROVA CIRCLE</b>	
CITY-ST-ZIP	<b>RUSKIN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEISTAND, HAROLD</b>	
STREET ADDRESS	<b>2423 METRO</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KENNEDY, JOHN</b>	
STREET ADDRESS	<b>2226 CHAPLIN</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KNOBLOCK, WILLIAM</b>	
STREET ADDRESS	<b>2425 METRO</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOB FULLER</b>	
STREET ADDRESS	<b>3512 PETROVA</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILL KNOBLOCK</b>	
STREET ADDRESS	<b>2425 METRO</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARGE THOMAS</b>	
STREET ADDRESS	<b>2405 STUDIO</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARILYN STEWART</b>	
STREET ADDRESS	<b>3501 COMPSON CIR</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNETH SWANEY</b>	
STREET ADDRESS	<b>3604 PARAMONT</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES COLES</b>	
STREET ADDRESS	<b>3605 PETROVA</b>	
CITY-ST-ZIP	<b>RUSKIN, FL 33570</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KENNETH SWANEY, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/11/2000 813-645-0974**

Date Daytime Phone #

CR2E037 (9/99)